

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-035702  
State File No. ....

FILED VS OCT 20 1959

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>3019</u>		Registrar's No. <u>193</u>			
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u> b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Kennett</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Dunklin Memorial Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Cardwell</u> d. STREET ADDRESS (If rural, give location) <u>Route 1</u> <u>0350</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Claude</u> b. (Middle) _____ c. (Last) <u>Sando</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 7th 1959</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>2-15-1892</u>			
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 WKS. Hours _____ Mins. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>			
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Alma Sando</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>487-20-2832</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alma Sando Monette, Ark.</u>		ADDRESS _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  *This does not mean the mode of dying, such as heart failure, assthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage (M)</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>331x</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>10-7</u> , 19 <u>59</u> , to <u>10-7</u> , 19 <u>59</u> , that I last saw the deceased alive on <u>10-15</u> , 19 <u>59</u> , and that death occurred at <u>6:30P</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>Cardwell, MO</u>		23c. DATE SIGNED <u>10-13-59</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-11-1959</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cardwell</u>		24d. LOCATION (City, town, or county) (State) <u>Cardwell Missouri</u>			
DATE REC'D BY LOCAL REG. <u>10-15-1959</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gregg Funeral Home, Monette, Arkansas</u>					

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SN 100 2 8 1956

Received Dumbell's Co. Mortar  
Dept. 10-17-59  
Co. File No. 1059-310

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed \_\_\_\_\_

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.